

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.   FILING DATE  

APPLICANT(S)  

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4		3				
5		3				
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TOTAL IND.	6					
TOTAL DEP.	9					
TOTAL CLAIMS	15					

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